

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091732091**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1					
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14		3		3		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	*	1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		3		3		
32		3		3		
33	1		1			
34	1		1			
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41	1		1			
42		1		1		
43		1		1		
44		1		1		
45		2		2		
46		1		1		
47		7		7		
48	1		1			
49	1		1			
50		2		2		
TOTAL IND.		1		7		1
TOTAL DEP.		1		57		1
TOTAL CLAIMS		2		64		2

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52		2		2		
53		2		2		
54		2		2		
55		2		2		
56		2		2		
57		2		2		
58		2		2		
59		2		2		
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		3		3		
65		3		3		
66		1		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		1		1		
75		1		1		
76		3		3		
77		3		3		
78		3		3		
79		1		1		
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8			0		
TOTAL DEP.	103			41		
TOTAL CLAIMS	111			41		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY